

DEFERMENT OF BENEFITS FORM

If you DO NOT wish to use your Nevada Prepaid Tuition benefits at this time, please return this completed form.

Note: No payment will be made to a school until the Program receives an “Intent to Enroll” form.

Purchaser's Name	Prepaid Tuition Contract Number
Student's Name	Student's Social Security Number

STUDENT MAILING ADDRESS

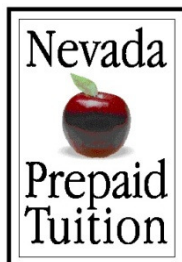
Street Address (include apartment number)		
City	State	Zip
Daytime Phone (Area Code and Number)		Evening Phone (Area Code and Number)
E-mail Address		

CERTIFICATION OF DEFERMENT OF BENEFITS

The undersigned certifies that the information provided on this form is true and correct to the best of their knowledge and belief. The undersigned understands that non-qualified distributions are subject to penalty.

Purchaser's Signature

Date



NVPrepaid.gov

PLEASE RETURN THIS FORM NO LATER THAN JUNE 6, 2014 TO:

Nevada Prepaid Tuition Program
555 E. Washington Ave., Suite 4600, Las Vegas, NV 89101

Fax: 702-486-3246

Email: prepaidtuition@nevadatreasurer.gov